



INDIANA ELIGIBILITY MODERNIZATION

Voluntary Community Assistance Network (V-CAN) and the Healthy Indiana Plan (HIP)

The Healthy Indiana Plan (HIP) is a new state sponsored affordable health insurance program for uninsured adult Hoosiers. Below are some common questions and answers about HIP as it relates to V-CAN members.



HEALTHY INDIANA PLANSM
Health Coverage = Peace of Mind

Q: Who is eligible?

A: Non-disabled adults (ages 19 – 64), who meet the following requirements:

- Household income less than 200% federal poverty level (FPL).
 - Parents or caretaker relatives of dependent children with family incomes from 22% to 200% FPL (under 22% covered by Medicaid).
 - Childless adults (no dependent children living in household) with family incomes under 200% FPL.
- Uninsured for at least 6 months.
- Ineligible for employer-sponsored health care coverage.
- U.S. citizen, legal immigrant for at least 5 years, or a qualified non-citizen (refugee or asylee).

Q: Who is not eligible?

A: Individuals who do not meet the requirements stated above are not eligible for HIP. In addition, the following individuals are not eligible for HIP:

- Pregnant women: Pregnant women up to 200% FPL will still be covered by Hoosier Healthwise.
- Individuals that were terminated from HIP within the past 12 months for failure to pay their monthly contribution. After 12 months has passed, the individual may re-apply for coverage. If there is any outstanding debt, it must be repaid before coverage can begin.
- Individuals receiving Medicaid (including Medicaid Spend Down).

Q: What services are covered?

A: Services covered under HIP include: physician services, prescriptions, diagnostic exams, home health services, outpatient hospital, inpatient hospital, hospice, preventive services, family planning, case management, disease management, and mental health services.

Q: How is HIP different from traditional Medicaid or Hoosier Healthwise?

A: HIP is subsidized by the State; however, participants are required to financially contribute to the program, on a sliding scale based on income. A "POWER Account" of \$1,100 (made up of funds from the State and the participant) will be used for initial medical services each year to promote personal responsibility in care decisions. Preventive services up to \$500 will be covered without using POWER account funds.

Q: When will HIP start?

A: Implementation will happen statewide and applications are now available.

- Print the application from www.HIP.IN.gov or request an application from 1-877-GET-HIP-9
- Dec. 10, 2007: Paper applications will be available at the following locations:
 - Hoosier Healthwise Enrollment Centers
 - Local DFR offices
- Dec. 17, 2007: Application processing begins. Applications will not be processed prior to this date.
- January 1, 2008: Benefits available
- Fall 2008: Internet application available to complete online

For more information, contact **VCAN@us.ibm.com**



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Q: How can my clients apply?

A: Applicants have the following options for submitting an application:

- Face to Face: Visit a Hoosier Healthwise Enrollment Center or Local Division of Family Resources (DFR) Office
- By Phone: Call 1-877-GET-HIP-9
- Online: Paper application available at www.HIP.IN.gov (interactive online application starting Fall 2008)
- By Mail: Mail completed application to the following address:
FSSA Document Center
PO Box 1630
Marion, IN 46952
- By Fax: Fax completed application to the following number: 1-800-403-0864

Q: How can I help my clients apply?

A: V-CAN members can help clients apply for HIP in any of the following ways:

- Maintain a supply of paper applications readily available for walk-in clients. **PLEASE NOTE:** Sample HIP application materials and an order form will be sent to all V-CAN members by Dec. 10, 2007.
- Assist clients in printing an application from the Internet if no paper applications are available at your site.
- Assist clients in completing the application, if you desire, or refer them to the following resources:
 - A local Hoosier Healthwise (HHW) Enrollment Center or DFR Office (find online at www.in.gov/fssa); or
 - Call 1-877-GET-HIP-9.

NOTE: Even if a V-CAN member provides assistance to a client with a HIP application, they should not enter information in the “Completed by Enrollment Center” section of the HIP application. This applies only to HHW Enrollment Centers.

Q: How are potential candidates being notified of HIP?

A: The marketing and outreach effort for HIP includes ongoing participation at community events, as well as:

- November: Mass mailing of informational postcard to Hoosier Healthwise and childcare voucher parents.
- December – March: Mass mailing to potential enrollees with letter from Governor and application to apply.
- December 10 – February 1: Media campaign with TV, radio, transit, and billboard ads.

Q: Who will provide HIP plan coverage?

A: The following insurers will provide HIP coverage:

- Anthem Blue Cross and Blue Shield
- MDwise with AmeriChoice
- Indiana Comprehensive Health Insurance Association (ICHIA) – Enhanced Services Plans (for “high risk” members only)

Q: Where can my clients get more information?

A: Call 1-877-GET-HIP-9 or visit www.HIP.IN.gov.

Q: How can I learn more about HIP to better answer client questions?

A: Visit www.HIP.IN.gov and read the “FAQs” under “About the Plan,” and “HIP Overview” under “More Resources.”